

CITY OF BILLINGS POTENTIALLY DANGEROUS REGISTRATION

OWNER INFORMATION

NAME: _____

ADDRESS: _____

PHONE: _____

ANIMAL INFORMATION

NAME: _____

BREED: _____

DOB: _____

COLOR: _____

SEX: _____

VACCINATION INFORMATION

DATE VACCINATION: _____

VACCINATION EXPIRES: _____

VETERINARIAN: _____

PHONE NUMBER: _____

(INCLUDE COPY OF CURRENT RABIES CERTIFICATE)

LICENSE INFORMATION

TAG TYPE: **POTENTIALLY DANGEROUS**

TAG NUMBER: _____

TAG DATE: _____

TAG EXPIRES: _____

MICROCHIP #: _____

FEE: \$100.00 (VALID FOR 1 YEAR)

MAKE CHECK PAYABLE TO: CITY OF BILLINGS

CITY OF BILLINGS

PO.BOX 1178

BILLINGS MT 59103